

**Missouri Department of Health and Senior Services
Section for Long Term Care**

LTC BULLETIN

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Volume 4, Issue 4

Summer 2006

DIET MANUALS FOR USE IN LONG-TERM CARE FACILITIES

Intermediate Care and Skilled Nursing Facility Regulation **19 CSR 30-85.052 (23)** requires that a diet manual approved by the Department of Health and Senior Services (DHSS) be readily available to attending physicians, nursing and dietary personnel in long-term care facilities. To date, the DHSS-approved diet manual is the *Missouri Diet Manual*; however, additional diet manual choices are now available.

DHSS nutrition staff evaluated other diet manuals for acceptability using specific criteria. They concluded that long-term care facilities may continue using the *Missouri Diet Manual* or any manual listed below. The list also contains prices and contact information for obtaining the manuals.

- The *Missouri Diet Manual* is available at www.dhss.mo.gov/DietManual/. A limited number of hard copies is available by contacting Michele Bailey at Michele.Bailey@dhss.mo.gov or (573) 751-6481.
- **American Dietetic Association's Nutrition Care Manual**
Web-based only
\$300 for non-members; \$150 for ADA members
www.NutritionCareManual.org
Phone: (800) 877-1600, Ext. 5000
To view an example chapter, go to:
<http://nutritioncaremanual.org/index.cfm?Page=Intro&NextPage=Home&CFID=373697&CFTOKEN=39023356>
- **Simplified Diet Manual**
9th edition printed 2002
\$39.99
Iowa Dietetic Association
Blackwell Publishing

177 pages

<http://store.blackwell-professional.com/0813827833.html>

- **Becky Dorner & Associates Diet Manual - A Comprehensive Resource & Guide**
Last edition printed in 2002
\$54.95
3526 Ridgewood Road, Akron, Ohio 44333-3122
Phone: (800) 342-0285; FAX: (330) 666-0116
info@beckydorner.com or www.barberfoods.com
A nutrition and food service consulting firm specializing in long-term care. The Web-based manual is free. Includes information on pressure sores, renal diets, HIV/AIDS, liver disease, TPN/PPN, carbohydrate counting, gluten free diets, regular diet and alterations, consistency alterations, diabetic and calorie specific diets, sodium restrictions, cardiac diets, GI, hydration, finger foods, high calorie diets, high protein diets, enteral feedings, weights and BMI, and more.
- **Smart Solutions Diet Manual**
The manual costs \$40.00. If a facility purchases more than five copies, the price is \$30.00 each. This manual provides a detailed explanation of special diets, serving guides, and outlines allowable and excluded foods. Written in simple language, it is easy to understand and use. It targets the long-term care industry but also works well for hospitals. Health Technologies, Inc., St. Louis, MO.
Phone: (314) 426-0579 or FAX: (314) 423-9825
http://www.ht-ss.com/resources/category_listing.lasso?cat=28

If you have any questions regarding acceptable diet manuals, please contact Janice Frank, R.N., Section for Long Term Care Policy Unit Manager, at Janice.Frank@dhss.mo.gov, or call (573) 526-8517.



RESIDENT RIGHTS AMENDED RULE

19 CSR 30-88.010 Resident Rights is amended. The amended rule appears in the *Code of State Regulations*, June 30, 2006. **The effective date of the amended rule is July 30, 2006.** During the first week of July, the Section for Long Term Care will forward a rule update memo and the revised rule to all long-term care facilities.

The amended rule does the following:

- ❖ Updates and clarifies information which the facility is required to make available to prospective residents prior to admission;
- ❖ Provides a Web site address and toll free phone number for facilities to access copies of *Missouri's Guide to Home and Community Based Services*;
- ❖ Clarifies residents' rights information regarding transfers from the facility and room changes within the facility;
- ❖ Clarifies who must give written consent for a resident's mail to be opened;
- ❖ Revises language pertaining to who may have access to residents' confidential information in order to conform with the authorizing statute and with the requirements of the Health Insurance Portability and Accountability Act as they relate to information maintained by long-term care facilities;
- ❖ Clarifies information regarding resident choices for room sharing; and
- ❖ Changes the name of the agency from the Division of Aging to the Department of Health and Senior Services.



The *LTC Bulletin* is published quarterly by the Section for Long Term Care and is distributed to all long-term care facilities in Missouri. Suggestions for future articles may be sent to Sam Pherigo at **Sam.Pherigo@dhss.mo.gov**, or by calling (573) 526-8570.

Directory of Services

The *Directory of Services* is an excellent resource and describes programs and services provided by the Missouri Department of Health and Senior Services (DHSS). The directory is intended as a general guide to public health and senior services in Missouri.

These services are divided among three programmatic divisions: community and public health, senior and disability services, and regulation and licensure. The Director's Office and Division of Administration oversee and support activities of these divisions.

The directory may be accessed at www.dhss.mo.gov/AboutDHSS/index.html. Scroll down the page and click on *Directory of Services*.



SENATE BILL 616 PASSES 93RD MISSOURI GENERAL ASSEMBLY

The Legislature passed Senate Bill 616 (CCS/HCS/SCS/SB 616) and it has been sent to Governor Matt Blunt for signature. The bill repeals the terms "residential care facility I" and "residential care facility II" and replaces them with "residential care facility" and "assisted living facility."

The bill allows an assisted living facility to accept or retain physically and cognitively impaired individuals who cannot safely evacuate the facility with minimal assistance, as long as the facility has sufficient staff to assist in evacuations and the facility meets additional life safety and fire regulations. The facility must also have an individualized evacuation plan for such individuals. Assisted living facilities are required to conduct pre-screenings of prospective residents and resident assessments to determine the level and type of services needed.

To learn more about this bill, visit the Web site: <http://www.senate.mo.gov> and enter "SB616" in the search box.

FLU AND PNEUMOCOCCAL VACCINE – 2006 - 2007

Vaccinating nursing home residents against influenza and pneumonia is one of the best and most cost-effective ways to protect their health. Pneumonia and influenza are the seventh-leading cause of death in Missouri and the nation. These vaccines are very effective at preventing hospitalizations and death from these diseases.

The Centers for Medicare and Medicaid Services (CMS) now requires participating nursing homes to offer residents influenza and pneumococcal vaccines. Residents of long-term care facilities should be offered flu immunizations annually, between October 1 and March 30, and one dose of adult pneumococcal vaccine after age 65. A facility must also document whether a resident receives or refuses the vaccines in the resident's medical record.

Medicare Part B covers both flu and pneumococcal vaccines, so there are few financial barriers to providing this service. Administrators may bill Medicare Part B for the costs of the vaccine and administering it.

While information for the 2006-2007 season is not yet available, flu vaccine reimbursement during 2005-2006 was \$12.06 per dose and between \$16.20 and \$18.26 for administering each dose, depending on your location in Missouri. Pneumococcal vaccine reimbursement was \$24.57 per dose and between \$16.20 and \$18.26 for administering each dose. The Centers for Disease Control and Prevention (CDC) lists privately purchased flu vaccine in 2005-2006 as \$11.20 per dose, or \$11.71 per dose if purchased in 10-dose vials. It lists \$24.19 per dose for adult pneumococcal vaccine. Last season, providers could bill Medicare up to \$30.32 per dose of flu vaccine, depending on their location. They could bill up to \$42.83 for each dose of pneumococcal vaccine.

Facilities that have not yet made arrangements to obtain flu vaccine for their residents should work with vaccine distributors or public and private health care providers to assure that vaccine will be available.

The Advisory Committee on Immunization Practices (ACIP) also urges long-term care facilities to assure that staff members are vaccinated. "Physicians, nurses, and other workers in both hospital and outpatient-care settings, including medical emergency-response workers (e.g., paramedics and emergency medical technicians), should be vaccinated, as should employees of nursing home and chronic-care facilities who have contact with patients or residents." The CDC estimates that only about 40 percent of health care workers are vaccinated annually.

More information on billing will be available at the CMS Health and Human Services Web site, <http://www.cms.hhs.gov/home/medicare.asp>.

Full ACIP recommendations for influenza are in the *Morbidity and Mortality Weekly Report* (MMWR): Recommendations and Reports, July 29, 2005 / 54 (RR08); 1-40
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.

Full ACIP recommendations for adult pneumococcal vaccines are in MMWR: Recommendations and Reports, April 04, 1997 / 46 (RR-08); 1-24
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.

SPIRITUALITY AND AGING DVD

The Alexian Brothers Health System and Quality of Life Committee is pleased to provide a 28-minute DVD, *Spirituality and Aging*, to health care providers and others. Copies of the free DVD may be obtained by calling: 1-877-4ALEXIAN.



E-MAIL LIST SERVE



The Division of Regulation and Licensure, Section for Long Term Care, has developed a voluntary e-mail list serve. Those on the list will receive division announcements, information on grants, upcoming workshops and training schedules, and changes to rules and regulations.

If you wish to have your name added to this list, please send your name and e-mail address to Sam Pherigo at Sam.Pherigo@dhss.mo.gov.

 REMINDER
**NEW WEB SITE LETS YOU VERIFY
CNA AND CMT STATUS ON-LINE**

Facilities can verify the status of Certified Nurse Assistants (CNAs) and Certified Medication Technicians (CMTs) on-line now, thanks to the Department of Health and Senior Services' (DHSS) new Web site: www.dhss.mo.gov/cnaregistry.

The new site also explains more about the CNA and CMT programs and registries, feeding assistants and CNA reimbursement for long-term care facilities. What's more, the site will eventually replace the Individual Voice Response (IVR) System.

Now you can:

- * **Verify an individual's CNA, CMT or CMT Insulin Certification** status on-line and determine if a federal indicator of abuse, neglect or misappropriation of funds is recorded.
- * **Verify the status of CNA Instructors/ Examiners, Clinical Supervisors, CMT Instructors and Level I Medication Aide Instructors.**
- * **Print the Web Registry search results page(s)**, which meet the requirements for long term-care facilities at 19 CSR 30-85.042 (28):
"Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held."
- * **Obtain contact information for other state nurse aide registries** – Nursing homes are required to check other states' nurse assistant registries if they believe information about a potential nurse aide hire is available. "The regulations require that before allowing an individual to serve as a nurse aide, a facility must seek information from every state registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Social Security Act the facility believes will include information on the individual." Contact information for all state nurse assistant registries is listed on the DHSS Web site.

The Centers for Medicare and Medicaid Services (CMS) S&C-05-46 states that federal regulations allow individuals enrolled in an approved nurse aide training and competency evaluation program to work up to four months, performing only those skills for which their trainer has determined proficiency, before successfully passing their nurse aide competency evaluation examination and being included on the nurse aide registry.

Facilities are required to screen potential employees for a history of abuse, neglect or misappropriation of funds by obtaining information from previous and/or current employers and the appropriate licensing boards and registries. Facilities that visit www.dhss.mo.gov/cnaregistry to verify potential employees have a federal indicator of abuse, neglect or misappropriation of funds, and then print the results, will have met this requirement.

The new site also provides links to the Family Care Safety Registry (FCSR) and Employee Disqualification List (EDL). Accessing this information electronically will ease facility staff workloads.

EMPLOYEE OF THE MONTH

Congratulations go out to Joyce Williams, R.N., who was chosen as the June 2006 DHSS Employee of the Month. Joyce is a Facility Advisory Nurse with the Division of Regulation and Licensure, Section for Long Term Care Region 2 Office in Poplar Bluff, and exemplifies the dedication of section staff across the state. Congratulations, Joyce!

**BATHING OLDER ADULTS
WITH DEMENTIA**

Long-term care facility staff can learn how to make bath time more pleasant for residents with dementia by reading, "The Bathing of Older Adults with Dementia." The article appears in *The American Journal of Nursing*, April 2006, Volume 106, Number 4, and may be accessed at: http://www.nursingcenter.com/library/journalarticleprint.asp?Article_ID=637530.

QAA - BUT I'VE BEEN DOING THIS ALL ALONG!

By Pam Guyer, BS, LNHA

Surveyors began using the new interpretive guidelines for the Quality Assessment and Assurance (QAA) regulations June 1, 2006. Though the QAA statute and regulations have not changed, the new guidelines emphasize implementation, monitoring and re-evaluation.

The new guidelines apply to every area in your facility - managerial, administrative, clinical and environmental services - and to the providers and suppliers with whom you contract for care and services. Surveyors will check the methods the QAA Committee uses to develop action plans. They will also interview facility staff in various departments to determine if they know how to bring an issue to the QAA committee.

It's vital to develop action plans. So how do you get started?

Be a Systems Thinker

Whether you realize it, your facility already has action plans or systems in place. Make sure these action plans or systems match your written policies and procedures. Compare your systems to current standards of practice and available guidelines listed on the American Medical Directors Association (www.amda.org) or National Guideline Clearinghouse (www.guideline.gov) Web sites. Primaris has facility system assessment checklists on some clinical topics available at www.primaris.org. Once your systems are formalized, be sure to implement them; make sure what happens on the floor matches your system on paper.

Identify Area(s) of Focus

Once your system is in place and on paper, look for ways to improve it. Start with nursing home data (quality indicators, accident/incident reports, satisfaction surveys, chart audits, complaint tracking, etc.); however, don't discount listening to your employees, residents and family members for improvement ideas. Look at all negative outcomes to spot opportunities to enhance care and quality of life.

Start small! You don't need to think about changing your entire system from start to finish. Is there something you can change next week? If you start small, teams can test ideas quickly and also test recommended changes side-by-side with existing processes.

Go for the low hanging fruit. Prioritize your ideas for change and go for the biggest bang for the buck! You can't do everything all at once. Pick the most important area(s) or those you think should be tackled first.

Investigate Process (Root Cause Analysis)

Look beyond the people in the organization to see how your organization works as a system. Correct identifiable problems through established standards of practice or clinical practice guidelines.

Surveyors are instructed to look at and ask staff about methods the QAA Committee uses to develop action plans. Examples of F520 noncompliance are included in the new guidelines. One example of noncompliance is, "An action plan was developed to correct a problem *with inadequate assessment of root causes* of falls. Staff did not implement the plan, and residents continued to experience serious falls." By taking a look at root causes, you are able to identify and clearly state the "root" of the problem - where and why the problem exists.

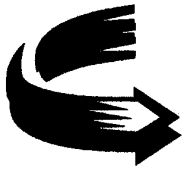
Performance is a result of system design - error is a consequence. Employee mistakes can show a facility how to improve its system. Consider how to lessen the likelihood of employee and user errors. You can then improve and implement your system based on data rather than hunches, and look for lasting solutions rather than a "Band-Aid" approach.

Develop Action Plan

Decide who, what, and when. Figure out how you'll know if the plan is successful. Then start putting the plan in action!

Together Everyone Achieves More. When reviewing your system, remember, you don't have to do it all. Have a team comprised of employees

Continued on Page 6



TIPS from the LTC Licensing Unit

Long Term Care Application Deadlines

We need assistance to process your facility operator applications in a timely manner. The Section for Long Term Care's Licensure Unit will mail an application and necessary forms 90 days prior to the expiration date on your current facility license. **It is imperative we receive the application at least 30 days before your current facility license expires.**

You may also print the application and necessary forms from the DHSS Web site at:
<http://www.dhss.mo.gov/NursingHomes/AppsForms.html>.

Remember, many facilities are incorrectly answering question #5 on the application, the one about facility operators. **A facility operator's name must be listed exactly as it appears on file with the Missouri Secretary of State's office.**

If you need assistance or have questions, please contact the Licensure Unit at (573) 751-8551 or (573) 526-8506.

LONG-TERM CARE PROVIDER MEETINGS - SPRING 2006

Section for Long Term Care (SLTC) staff met with long-term care providers across the state in March and April 2006. The provider meetings, co-sponsored by the Missouri Association of Homes for the Aging, the Missouri Assisted Living Association and the Missouri Association of Nursing Home Administrators, were held in St. Joseph, Kansas City, Springfield, Cape Girardeau, St. Louis, Kirksville and Jefferson City.

Facility and long-term care survey staff shared data about the most commonly cited deficiencies by region, and compared regional data to the state and the nation as a whole. They also discussed updates and information about Life Safety Code requirements, training, facility licensing and pending legislation. SLTC staff moderated questions from

attendees through small group participation, and enjoyed meeting the providers and hearing their concerns.

Practicing attorneys throughout the state provided training to facility and section staff about Durable Powers of Attorney for Health Care, guardianship and conservatorship.

SLTC will host provider meetings again in spring 2007. Watch for additional information later this year regarding dates, times and locations. If you have a specific topic you would like to see covered during the provider meetings, please send an email to Sue.Heisler@dhss.mo.gov.

QAA - BUT I'VE BEEN DOING THIS ALL ALONG!

Continued from Page 5

review your action plans or systems. By including an employee team in the review process, you empower your employees by listening to their suggestions and gain their buy-in on the improvement process. Action plan suggestions include development or revision of policies and procedures, training for staff concerning changes, plans to purchase or repair equipment and/or improve physical surroundings, and standards of evaluating staff performance.

Be a copycat. You don't have to reinvent the wheel. Learn what has worked for others through informal networking or clinical practice Web sites. Take the best of what you find and modify it for your unique setting.

Monitor the Plan

Monitor any changes to your system. Have the employee team evaluate whether the changes have made a positive or negative impact. Pilot test your action plan. Has the plan been fully implemented? Is it achieving the desired outcome? If not, change the plan! The process is a cycle - implement, monitor and re-evaluate.

Perfectionists need not apply! The focus is on improving care, not on setting up the perfect clinical system, perfect data collection, etc. Just do it!

For additional information and free resources about quality improvement, visit www.primaris.org.